# FÓRM D



#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

#### NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

//	1292	90
İ	OMB APP	ROVAL
,	OMB Number: Expires: Estimated average hours per response	
	SEC USE	ONLY
	Prefix	Serial

	<u> </u>
Name of Offering: (  Check if this is an amendment and name has changed, an	and indicate change.)  21-46388
Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ☒ Rule Type of Filing: ☒ New Filing □ Amendment	e 506 □ Section 4(6) □ ULOE
A. BASIC IDENT	TIFICATION DATA
1. Enter the information requested about the issuer	183 (8)
Name of Issuer ( Check if this is an amendment and name has changed, and LeftHand Networks, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip 6185 Arapahoe, Boulder, CO 80303	Code) Telephone Number (including Area Code) (303) 449-4100
Address of Principal Business Operations (Number and Street, City, State, Zip	Code) Telephone Number (including Area Code)
(if different from Executive Offices)	PROCESSES
Brief Description of Business Software/hardware technology	0 7 0000
Type of Business Organization	MAR 0 5 2002
<ul> <li>☑ corporation</li> <li>☐ limited partnership, already formed</li> <li>☐ limited partnership, to be formed</li> </ul>	other (please specify): THOMSON FINANCIAL
Actual or Estimated Date of Incorporation or Organization:	
Invisidation of Incorporation or Organization: (Enter two later U.S. Destal Servi	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Serv  CN for Canada; FN for o	
Ci Toi Canada, i i Toi o	wist totalEn landaranom)

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as precondition to one claim for the exemption, a fee in the proper amount shall accompany one form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securi of the issuer;
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ⊠ Promoter ⊠ Beneficial Owner ⊠ Executive Officer ⊠ Director □ General and/or Managing Partner
Full Name (Last name first, if individual) Chambers, William
2. Enter the information requested for the following:  Each promoter of the issuer, if the issuer has been organized within the past five years;  Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;  Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and  Each general and managing partner of partnership issuers.  Check Box(es) that Apply:  Promoter ■ Beneficial Owner ■ Executive Officer ■ Director ■ General and/or Managing Partner  Full Name (Last name first, if individual)  Chambers, William  Business or Residence Address (Number and Street, City, State, Zip Code)  6185 Arapahoe, Boulder, CO 80303  Check Box(es) that Apply: ■ Promoter ■ Beneficial Owner ■ Executive Officer ■ Director ■ General and/or Managing Partner  Full Name (Last name first, if individual)  Spiers, John  Business or Residence Address (Number and Street, City, State, Zip Code)  6185 Arapahoe, Boulder, CO 80303  Check Box(es) that Apply: ■ Promoter ■ Beneficial Owner ■ Executive Officer ■ Director ■ General and/or Managing Partner  Full Name (Last name first, if individual)  Tango Technologies Investments LLC  Business or Residence Address (Number and Street, City, State, Zip Code)  1780 Conestoga Street, Boulder, CO 80301  Check Box(es) that Apply: ■ Promoter ■ Beneficial Owner ■ Executive Officer ■ Director ■ General and/or Managing Partner
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)  Spiers, John
Business or Residence Address (Number and Street, City, State, Zip Code)
6185 Arapahoe, Boulder, CO 80303
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)  Tango Technologies Investments LLC
Business or Residence Address (Number and Street, City, State, Zip Code)
1780 Conestoga Street, Boulder, CO 80301
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Chambers, Patricia Glora
Business or Residence Address (Number and Street, City, State, Zip Code)

6185 Arapahoe, Boulder, CO 80303

Check Box(es) that Apply: ⊠ Promoter ⊠ Beneficial Owner □ Executive Officer □ Director □ General and/or Managing Partner
Full Name (Last name first, if individual)
Boulder Venture IV, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code)
1941 Pearl Street, Suite 300, Boulder, CO 80302
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Sequel Limited Partnership III
Business or Residence Address (Number and Street, City, State, Zip Code)
4434 Arapahoe Ave., Suite 220, Boulder, CO 80303
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Lefkoff, Kyle
Business or Residence Address (Number and Street, City, State, Zip Code)
1941 Pearl Street, Suite 300, Boulder, CO 80302
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Conner, Tim
Business or Residence Address (Number and Street, City, State, Zip Code)
4434 Arapahoe, Suite 220, Boulder, CO 80303
Check Box(es) that Apply: ⊠Promoter ⊠ Beneficial Owner □ Executive Officer □ Director □ General and/or Managing Partner
Full Name (Last name first, if individual)
William Blair New World Ventures, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code)
1603 Orrington Ave., Ste. 1070, Evaston, IL 60201
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Schecter, Adam
Business or Residence Address (Number and Street, City, State, Zip Code)

1603 Orrington Ave., Ste. 1070, Evaston, IL 60201

Check Box(es) that Apply: ☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Hayden, Mark				
Business or Residence Address (Numb	er and Street, City, State	e, Zip Code)		
6185 Arapahoe, Boulder, CO 8030	3			
Check Box(es) that Apply: ☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Hayden, Michael				
Business or Residence Address (Numb	er and Street, City, State	e, Zip Code)		

2120 Pacific Ave., #410, San Francisco, CA 94115

# **B. INFORMATION ABOUT OFFERING**

														Yes	No
1.	Has the	issuer sol	d, or does	the issuer	intend to	sell, to no	n-accredit	ed investo	rs in this	offering?				Ø	
			An	swer also	in Append	dix, Colun	nn 2, if fil	ing under	ULOE.						
2.	What is	the minin	num invest	tment that	will be ac	cepted fro	m any ind	lividual?	No minin	ıum				Yes	No
3.	Does th	e offering	permit joi	nt owners	hip of a si	ngle unit?								×	
4.	or simila is an ass broker o	ar remuner sociated po or dealer.	ation for serson or ag If more the	sted for ea olicitation gent of a b an five (5) ker or deal	of purcharoker or dependent	sers in cor lealer regi	nnection watered with	ith sales of the SEC	r securities and/or wit	s in the off th a state o	ering. If a or states, li	person to l st the nam	be listed se of the		
Ful	l Name (I	ast name	first, if inc	dividual)		<del>\</del>		<u></u>	,						
	None.														
Bus	siness or I	Residence	Address (	Number a	nd Street,	City, Stat	e, Zip Coo	le)							
Nar	ne of Ass	ociated Bi	oker or D	ealer									= 1121		
Stat				as Solicite											
	(Check	"All State:	s" or chect	k individu	al States)			• • • • • • • •						□ Al	l States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Ful	l Name (I	ast name	first, if inc	dividual)					<u>-</u>						
Duc	sinass ar I	) agidanga	Addraga (	Number a	nd Street	City Stat	o Zin Coo	107							
Dus	5111655 01 1	Coluctice	Audiess (	Number a	na sneet,	City, Stat	c, zip coc	10)				,			•
Nar	me of Ass	ociated Bi	roker or D	ealer							·				
Stat	tes in Wh	ich Persor	Listed H	as Solicite	d or Inten	ds to Soli	cit Purcha	sers ,							
	(Check	"All State:	s" or checl	k individu	al States)									$\Box_A$	ll States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Ful	l Name (I	ast name	first, if inc	dividual)									_		
Rus	sinace or I	Pecidence	Address (	Number a	nd Street	City Stat	a Zin Coo	la)							<u> </u>
Dus	5111055 01 1	Cestaence	Audicss (	ivumoer a	na Sircei,	City, Stat	c, zip coc	ic)							
Nar	ne of Ass	ociated Bi	oker or D	ealer						<del></del>					
Stat	tes in Wh	ich Persor	Listed H	as Solicite	d or Inten	ds to Soli	cit Purcha	sers		<del>.</del>			· <u> </u>	-	
	(Check	"All State:	s" or checl	k individu	al States)									$\square_A$	ll States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS $% \left( \mathbf{r}\right) =\left( \mathbf{r}\right)$

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box — and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$0	\$ <u> </u>
Equity	\$ <u>2,500,000</u>	\$ 2,500,000
Convertible Securities (including warrants)	\$0	\$0
Partnership Interests	\$ <u> </u>	\$0
Other (Specify)	\$0	\$0
Total	\$ <u>2,500,000</u>	\$ <u>2,500,000</u>
Answer also in Appndix, Column 3, if filing under ULOE.		
<ol> <li>Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."</li> </ol>	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	0	\$0
Non-accredited Investors	2	\$ 2,500,000
Total (for filings under Rule 504 only)	N/A	\$ <u>N/A</u>
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505	N/A	\$0
Regulation A	. <u>N/A</u>	\$0
Rule 504	N/A	\$0
Total	N/A	\$0
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		· · · · · · · · · · · · · · · · · · ·
Transfer Agent's Fees		\$
Printing and Engraving Costs		\$0
Legal Fees,	⊠	\$50,000
Accounting Fees		\$0
Engineering Fees		\$0
Sales Commissions (specify finders' fees separately)		\$0
Other Expenses (identify)		\$0
Total	⊠	\$ 50,000

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

5.	b. Enter the difference between the aggregate offering price given in respo Question 1 and total expenses furnished in response to Part C - Question 4.a. is the "adjusted gross proceeds to the issuer."  Indicate below the amount of the adjusted gross proceeds to the issuer used or used for each of the purposes shown. If the amount for any purpose is not known estimate and check the box to the left of the estimate. The total of the payme equal the adjusted gross proceeds to the issuer set forth in response to Part C	proposed to be				\$ <u>2,</u> 4	<b>45</b> 0,000	<u>0</u>
	*Plus assignment of intellectual property rights			O: Dire	ments to fficers, ectors, & filiates		Pay	ments to
	Salaries and fees			\$	0		\$	0
	Purchase of real estate			\$	0		\$	0
	Purchase, rental or leasing and installation of machinery and equipment			\$	0		\$	0
	Construction or leasing of plant buildings and facilities			\$	0		\$	0
-	Acquisition of other businesses (including the value of securities involved that may be used in exchange for the assets or securities of another issue merger)  Repayment of indebtedness  Working capital  Other (specify):  Column Totals  Total Payments Listed (column totals added)				0 0 0	□ ⊠ □	\$\$	0 0 .50,000 0
	D. FEDERAL SIGNATU	JRE						
The i	ssuer has duly caused this notice to be signed by the undersigned duly authorize ture constitutes an undertaking by the issuer to furnish to the U.S. Securities an mation furnished by the issuer to any non-accredited investor pursuant to parag	ed person. If thi d Exchange Cor raph (b)(2) of R	is noti mmiss ule 50	ce is fil sion, up 02.	led under F oon written	Rule 50 reques	5, the f	following staff, the
Issu	uer (Print or Type) Signat	ure 1		0-		Date		
	LeftHand Networks, Inc.		Han	Mi	NP L	2/8	102	
Nai		of Signer (Print of	or Typ	ne) (	<u> </u>	1 9		
	Arthur J. Saltarelli VP	of Finance and	Gener	al Cou	nsel			

### **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

_	E. STATE SIGNATURE		
		Yes	No
1.	any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification covisions of such rule?  See Appendix, Column 5, for state response.		$\boxtimes$
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice if filed, a notic	e on For	m D (17

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice if filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)  LeftHand Networks, Inc.	Signature Date Outline J. Syltaulte, VP 2/0/02
Name (Print or Type)	Title (Print or Type)
Arthur J. Saltarelli	VP of Finance and General Counsel

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

1		2	3	3 4						
	to i accre inves	to sell non- edited tors in eate Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA	X		\$2,500,000			2	2,500,000		X	
СО										
CT										
DE	_									
DC										
FL										
GA										
HI										
ID										
IL										
IN										
IA	_									
KS	_									
KY										
LA										
ME										
MD										
MA										
MI										
MN										
MS										
МО										

#### APPENDIX

1	2		3		5				
	Intend to non-a investor (Part B	I to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
ОН									
OK							-		
OR									
PA									
RI									
SC									
SD			-						
TN									
TX									
UT						,			
VT									
VA									
WA									
WV									
WI					,				
WY									
PR		·							